

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

RECEIVED

NOV 13 1997

DEPT. OF PUBLIC HEALTH
LEGAL OFFICE

In re: Cynthia Rokas, R.N.

Petition No. 970603-010-040

REINSTATEMENT CONSENT ORDER

WHEREAS, Cynthia Rokas of Naugatuck, Connecticut (hereinafter "respondent") was issued license number R50778 in February of 1995, to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent signed a Voluntary Surrender of License Affidavit on November 13, 1996, which became effective on November 18, 1996, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. She abused cocaine and marijuana in 1988.
2. She abused alcohol between approximately 1988 and 1990 and between 1995 and 1996.
3. The conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-17 and 20-99 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
3. Respondent's license to practice as a registered nurse shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 19a-14-1 through 19a-14-5 of the Public Health Code of the State of Connecticut, and this Reinstatement Consent Order is executed by all parties.
4. Immediately upon issuance, respondent's license shall be placed on probation for four (4) years under the following terms and conditions:
 - A. At her own expense, she shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the Department for the entire probationary period.
 - (1) She shall provide a copy of this Reinstatement Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department. Said

termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 4B below, and by providing the reports described in paragraph 4C below.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.
- B. Respondent shall not obtain for personal use and/or use alcohol, controlled substances or legend drugs that have not been prescribed for her for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.
- (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Department as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) She shall be responsible for notifying the laboratory, her therapist, and the Department of any drug(s) she is taking.
 - (3) There must be at least one (1) such observed random alcohol/drug screen and accompanying laboratory report every week for the first year of probation; at least one (1) such screen every other week for the second and third year of probation; and, at least one (1) such screen every week for the fourth year of probation.
 - (4) All screens shall be negative for the presence of drugs and alcohol.
 - (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
 - (6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.
- C. Respondent shall be responsible for the provision of monthly written reports from her therapist directly to the Department for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.

- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- E. Respondent shall provide a copy of this Reinstatement Consent Order to all current and future employers for the duration of her probation.
- F. Respondent shall not accept employment as a nurse for a personnel provider service, assisted living Services Agency, Homemaker - Home Health Aide Agency or home health care agency, and shall not be self-employed as a nurse for the entire period of her probation.
- G. Respondent shall be responsible for the provision of written reports directly to the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the entire period of probation. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 4L below.
- H. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- I. Respondent shall notify the Department of any change in her home or business address within fifteen (15) days of such change.
- J. All reports required in paragraphs 4C and 4G are due on the tenth business day of every month.

L. All correspondence and reports shall be addressed to:

Jeffrey Kardys
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. Any violation of the terms of this Reinstatement Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of the respondent's nursing license following notice and an opportunity to be heard.
6. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
8. This Reinstatement Consent Order is effective on the first day of the month immediately following the month in which this Reinstatement Consent Order is approved and accepted by the Department.
9. Respondent understands this Reinstatement Consent Order is a matter of public record.
10. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Reinstatement Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

11. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
12. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board.
13. This Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation

shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

14. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
15. Respondent has the right to consult with an attorney prior to signing this document.

I, Cynthia Rokas, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

Cynthia Rokas
Cynthia Rokas

Subscribed and sworn to before me this 4th day of November, 1997.

Giriaco Russo
Notary Public or person authorized
by law to administer an oath or
affirmation

GIRIACO RUSSO
NOTARY PUBLIC
My Commission Expires April 30, 2000

The above Reinstatement Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 16th day of
December, 1997, it hereby ordered and accepted.

Cynthia Denne
Cynthia Denne, Director
Division of Health Systems Regulation